



NOMINATION OF THE CONTRACTING OFFICER'S REPRESENTATIVE (COR)

Submit this form to the cognizant contracting officer within the Office of Acquisition Management or Regional Contracting Office. The contracting officer will respond to this nomination, in writing, to both the nominee and the nominee's immediate supervisor. For additional information on the requirements for being a COR, reference EPA Federal Acquisition Certification for Contracting Officer's Representatives (FAC-COR) Three-Tiered Program Policy.

1a. Name of Nominee	b. Title, Series, and Grade
c. Mailing Address:	d. Organization/Office:
Mail Code:	e. Phone Number:
Street Address:	f. E-mail Address
City, State & Zip Code:	

2. This COR nomination is for FAC-COR Level (Check appropriate block):

COR Type	FAC-COR Level I	FAC-COR Level II	FAC-COR Level III
Contract Level COR			
Delivery Order COR			
Work Assignment COR			
Task Order COR			
IA COR			
Simplified Acquisition COR			
Foreign Contract COR			
Alternate COR			
Other (Specify): _____			

3. Certification and Experience

a. **Certification:** Current FAC-COR certification for level _____ attached (Y/N) _____

b. **Experience** (if applicable): In an attached FAC-COR Functional Experience Transcript, describe the COR nominee's experience in performing acquisition related duties and technical experience. FAC-COR Functional Experience Transcript attached (Y/N) _____

4. Contract Number:

5. The individual nominated will have sufficient time to perform COR duties, is technically proficient, and has completed all required training. I understand that appointment of the nominee will require a significant amount of time and effort in order to properly execute his/her COR duties. By nominating this individual, I certify that this individual has applicable language in the PARs related to COR duties and responsibilities. If there is a need to remove the COR, for any reason, I will notify the contracting officer immediately.

5a. Name of Nominee's Immediate Supervisor	5b. Signature of Nominee's Immediate Supervisor
	<div data-bbox="763 1293 889 1295">5c. Date</div> <div data-bbox="1003 1293 1213 1295">5d. Phone Number</div>

6. I understand that my eligibility to be a COR is dependent on adequately performing my COR duties, following ethical standards of conduct for employees of the Executive Branch, and maintaining training as prescribed in this policy. If any of these conditions are not met, I may be removed as the COR from this contract. I cannot redelegate my COR duties. In the event I am unable to continue performing my COR duties, I will contact the contracting officer immediately.

If applicable: I have filed the Office of Government Ethics Form 450, Confidential Financial Report, with the cognizant deputy Ethics official.

6a. Signature of Nominee	6b. Date
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Contracting Officer's Use Only

☐ I approve of the above nominated COR for FAC-COR level

☐ I deny approval of the above nominated COR for FAC-COR level . Reason:

Contracting Officer Name (Print):

Signature: _____

Date: